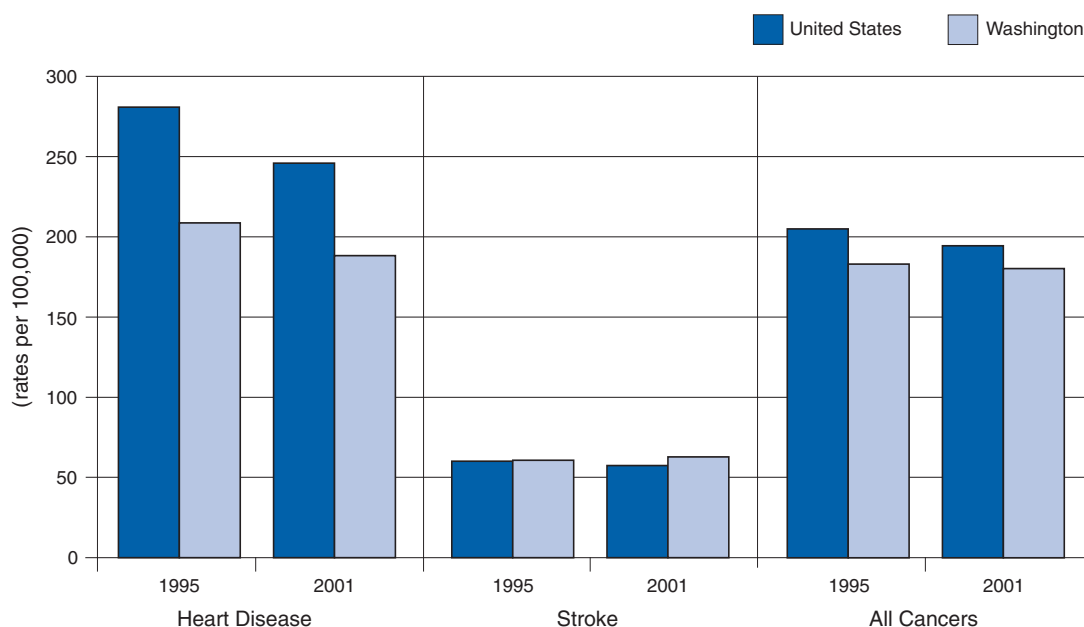


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Washington, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

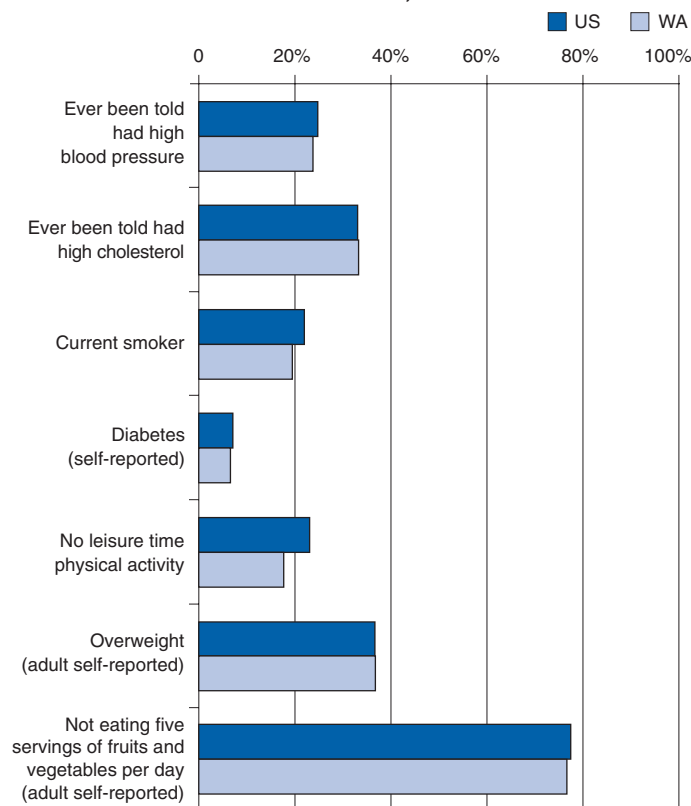
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Washington, accounting for 11,281 deaths or approximately 25% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 3,765 deaths or approximately 8% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 11,280 are expected in Washington. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 27,380 new cases that are likely to be diagnosed in Washington.

Estimated Cancer Deaths, 2004

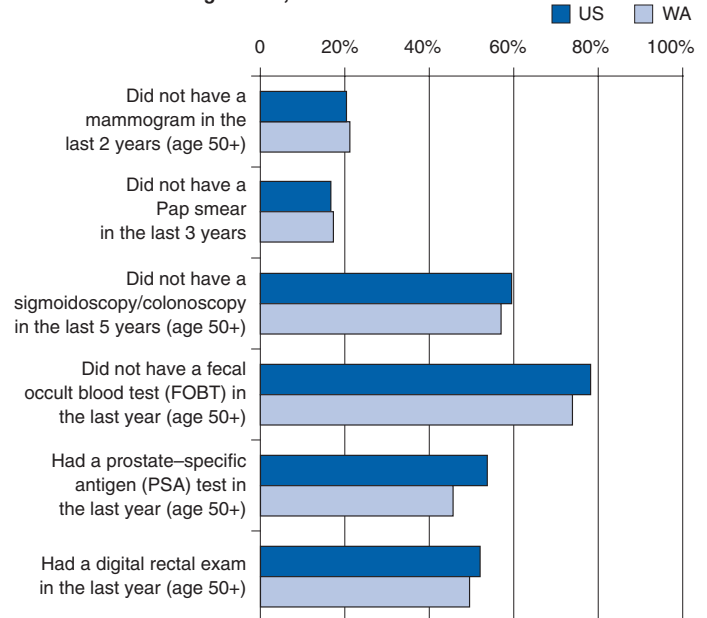
Cause of death	US	WA
All Cancers	563,700	11,280
Breast (female)	40,110	750
Colorectal	56,730	1,050
Lung and Bronchus	160,440	3,250
Prostate	29,900	630

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Washington's Chronic Disease Program Accomplishments

Examples of Washington's Prevention Successes

- Statistically significant decreases in cancer deaths among men of all races (257.3 per 100,000 in 1990 versus 235.3 per 100,000 in 2000) and among women of all races (172.7 per 100,000 in 1990 compared with 169.8 per 100,000) in 2000.
- A 9.9% decrease in the number of women older than age 50 who reported not having a mammogram in the last 2 years (from 31.1% in 1992 to 21.2% in 2002).
- A higher prevalence rate than the corresponding national rate for self-reported participation in leisure time physical activity (82.3% in Washington versus 76.9% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Washington in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Washington, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Washington BRFSS</i>	\$293,854
National Program of Cancer Registries <i>Washington State Cancer Registry</i>	\$728,016
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>No program identified</i>	\$350,000
Diabetes Control Program <i>Diabetes Electronic Management Systems (DEMS)</i> <i>National Diabetes Education Program</i> <i>Chronic Disease Self-Management Support Network</i>	\$898,905
National Breast and Cervical Cancer Early Detection Program <i>Washington Breast and Cervical Health Program</i>	\$3,939,831
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control Program</i>	\$848,915
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Washington Tobacco Prevention and Control Program</i>	\$1,239,602
State Nutrition and Physical Activity/Obesity Prevention Program <i>Be Healthy. Be Active.</i> <i>Healthy Communities Moses Lake Trails/Path Systems</i>	\$800,000
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$9,099,123

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Washington that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.



Opportunities for Success

Chronic Disease Highlight: Obesity

Obesity is a serious problem in the United States and in Washington state. Obese and overweight individuals are more prone to develop hypertension, elevated blood cholesterol, and diabetes, each of which increases the risk of heart disease. More than half of the adult population, both nationally and in Washington state, is either overweight or obese, and these figures increase each year. The prevalence of obesity in Washington has doubled in the past decade: data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) indicate that in 1990, 9.4% of adults in Washington were obese; by 2003, 21.7% were obese.

Obesity is not only a problem for adults. In the United States, the percentage of young people who are overweight has more than doubled in the last 20 years. In 1999, approximately 7% of Washington youth in grades 9 through 12 were overweight and 14% were at risk of being overweight (between the 85th and 95th percentile for body mass index). In addition, in 2000, 26% of Washington children participating in WIC were above the 90th percentile of weight for height.

The social and financial costs of obesity are not distributed evenly among Washington's residents. African Americans and American Indians/Alaska Natives have the highest prevalence of obesity. Data from the BRFSS indicate that in 2003, 30.5% of African Americans, 23.7% of Hispanics, and 20.9% of whites were obese.

Adults who did not graduate from college have a higher prevalence of obesity than those who did graduate from college (15.2% of college graduates are obese, compared with 25.0% of those with a high school degree or less).

Poor nutrition and physical inactivity are risk factors associated with obesity. Data from the BRFSS for 2003 indicate that only 23.3% of Washington's residents consumed more than 5 servings of fruits and vegetables per day and that 45.6% did not meet the recommended guidelines for moderate physical activity.

In order to address the issue of obesity, the Washington State Nutrition and Physical Activity Advisory Group was formed. This collaborative group is working to develop policy and environmental approaches to slow the increasing proportion of adults who are obese, reduce rates of chronic disease, and improve the quality of life in Washington.

Text adapted from Washington State Nutrition and Physical Activity Plan; Policy and Environment Approaches (2003).

Disparities in Health

About 3.7% of the U.S. population consider themselves to be of Asian or Pacific Island descent, according to the 2000 U.S. Census. These data also indicate that Asian/Pacific Islanders represented 5.9% of population in Washington, which gives Washington the third highest population of Asian American/Pacific Islanders in the United States, following Hawaii (51%) and California (11.2%).

Asian/Pacific Islander populations in the United States tend to be healthy. According to the American Cancer Society, this population has lower rates of death from breast cancer (12.5 per 100,000) and colorectal cancer (13.1 per 100,000) than any other racial or ethnic group. According to Behavioral Risk Factor Surveillance System data from 1998 to 2000, in Washington state, the Asian/Pacific Islander population is less likely to smoke than whites (15.8% versus 21.3%). These data also indicate that in comparison with other racial and ethnic groups in Washington, Asian/Pacific Islanders are less likely to be obese than whites (9.6% versus 18.5%).

Although chronic disease rates are low among Asian/Pacific Islanders, this population is underrepresented in the health care workforce, leading to potential disparities in the provision of health care because of language and cultural barriers. The State Board of Health convened a Health Disparities committee to begin to address the health disparities in Washington state. The committee is working to improve the diversity of the health care workforce in order to build a more diverse health care system.

Other Disparities

- **Physical Activity:** Hispanics (42.9%) and African Americans (55.0%) in Washington are less likely to meet the recommended guidelines for moderate physical activity than whites (55.6%).
- **High Blood Pressure:** African Americans in Washington (28.1%) are more likely to report having been diagnosed with high blood pressure than whites (24.8%).
- **Diabetes:** African Americans are also more likely to report having been diagnosed with diabetes (9.0%) than whites (6.5%) or Hispanics (4.7%).
- **Breast Cancer:** Although African American women are more likely to report having had a mammogram in the last 2 years (83.2%) than white women (78.8%), African American women have higher breast cancer death rates (34 per 100,000) than white women (25.4 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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